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Fill in this information to identify your c		
United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS		
Case number (if known):	Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13	☐ Check if this is an amended filing

Official Form 101

Part 1:

Identify Yourself

Voluntary Petition for Individuals Filing for Bankruptcy

About Debtor 1:

Last Name

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Your full name Write the name that is on your Michael government-issued picture First Name First Name identification (for example, your driver's license or Middle Name Middle Name passport). Fasano Last Name Bring your picture Last Name identification to your meeting with the trustee. Suffix (Sr., Jr., II, III) Suffix (Sr., Jr., II, III) All other names you have used in the last 8 First Name First Name years Middle Name Middle Name Include your married or

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

maiden names.

xxx - xx - <u>4</u>	_1_	_7_	_3_
OR			
9xx - xx -			

xxx - xx -	
OR	

Last Name

9xx - xx -

About Debtor 2 (Spouse Only in a Joint Case):

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De	btor 1	Michael First Name	Fasano Middle Name Last Name	Case number (if known)
			About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	and En	usiness names mployer	✓ I have not used any business names or EIN	ls.
	(EIN) y	ication Numbers ou have used in it 8 years	Business name	Business name
	Include	e trade names and	Business name	Business name
	doing b	ousiness as names	Business name _	Business name
			EIN	EIN
			EIN	EIN
5.	Where	you live		If Debtor 2 lives at a different address:
			5621 W. 23rd Place, Unit1	
			Number Street	Number Street
			Cicero IL 60804	
			City State ZIP Code	City State ZIP Code
			Cook	
			County	County
			If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to you at this mailing address.
			5621 W. 23rd Place, Unit1	
			Number Street	Number Street
			P.O. Box	P.O. Box
			Cicero IL 60804	r.O. Box
			City State ZIP Code	City State ZIP Code
6.		ou are choosing strict to file for	Check one:	Check one:
	bankru		Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
			I have another reason. Explain. (See 28 U.S.C. § 1408.)	I have another reason. Explain. (See 28 U.S.C. § 1408.)
Ŀ	Part 2:	Tell the Court	About Your Bankruptcy Case	
_				
7.	Bankrı	napter of the uptcy Code you oosing to file	Check one: (For a brief description of each, see N for Bankruptcy (Form 2010)). Also, go to the top o	lotice Required by 11 U.S.C. § 342(b) for Individuals Filing f page 1 and check the appropriate box.
	under	oosing to me	Chapter 7	
			Chapter 11	
			Chapter 12	
			✓ Chapter 13	

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Deb	tor 1 Michael		Fasano (Case numb	per (if known)		
	First Name	Middle Name	Last Name		`		
8.	How you will pay the fee	court pay v	pay the entire fee when I file my petiti- for more details about how you may pay vith cash, cashier's check, or money orde If, your attorney may pay with a credit can	r. Typically er. If your a	, if you are pay attorney is subr	ing the fee your mitting your pay	self, you may
		and attach the A	application for				
		By la than fee ir	uest that my fee be waived (You may rew, a judge may, but is not required to, want 150% of the official poverty line that apple in installments). If you choose this option, a Fee Waived (Official Form 103B) and file	aive your fe lies to your , you must	e, and may do family size and fill out the App	so only if your i d you are unabl	ncome is less e to pay the
9.	Have you filed for	□ No					
	bankruptcy within the last 8 years?	✓ Yes.					
		District N	.D. III.; Ch. 13 dismissed		08/30/2011 MM / DD / YYYY	Case number	11-35342
		District N	.D. III.; Ch. 13 dismissed		03/29/2007 MM / DD / YYYY	Case number	07-05598
		District _		_ When _	MM / DD / YYYY	Case number	
10.	Are any bankruptcy cases pending or being	√ No					
	filed by a spouse who is	Yes.					
	not filing this case with you, or by a business	Debtor _			Relationsh	ip to you	
	partner, or by an affiliate?	District _		_ When _	MM / DD / YYYY	Case number, if known	
		Debtor _			Relationsh	ip to you	
		District _		_ When _	MM / DD / YYYY	Case number, if known	
11.	Do you rent your residence?	✓ No. ☐ Yes.	Go to line 12. Has your landlord obtained an eviction residence?	judgment a	against you and	d do you want to	o stay in your
			No. Go to line 12. Yes. Fill out Initial Statement Abo		ion Judgment	Against You (Fo	orm 101A)

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Deb	tor 1	Michael First Name	Middle N	lame	Fasano Last Name	Case number (if	known)	
P	art 3:	_			sses You Own as a	a Sole Proprietor		
	Are yo	u a sole proprietor full- or part-time	<u> </u>	No. (Go to Part 4. Name and location of b	·		
	busine individe separa	proprietorship is a ss you operate as an ual, and is not a te legal entity such as oration, partnership, or			Name of business, if any Number Street			
	sole pr separa	nave more than one oprietorship, use a te sheet and attach it petition.			Health Care Busin Single Asset Rea Stockbroker (as c	box to describe your business: ness (as defined in 11 U.S.C. § I Estate (as defined in 11 U.S.C. lefined in 11 U.S.C. § 101(53A)) er (as defined in 11 U.S.C. § 101	. § 101(51B))	ZIP Code
13.	Chapte Bankri	ou filing under er 11 of the uptcy Code and u a <i>small busin</i> ess ?	can mos	set ap	opropriate deadlines. If you	the court must know whether yo you indicate that you are a small nent of operations, cash-flow start exist, follow the procedure in 1	business deb tement, and fe	otor, you must attach your ederal income tax return
busines		definition of small ess debtor, see S.C. § 101(51D).		No.	I am filing under Chap the Bankruptcy Code.	ter 11, but I am NOT a small bus		•
P			⊔ wn or		Bankruptcy Code.	ter 11 and I am a small business Property or Any Property		•
14.	proper alleged immin	u own or have any ty that poses or is d to pose a threat of ent and identifiable I to public health or		No Yes.	What is the hazard?			
	safety? Or do you own any property that needs immediate attention?				If immediate attention	is needed, why is it needed?		
	perisha livesto	ample, do you own able goods, or ck that must be fed, or ing that needs urgent ??			Where is the property?	Number Street		
						City	 -	State 7IP Code

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Debtor 1 Michael Fasano Case number (if known) Last Name

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

Υc	ou must check one:
✓	I received a briefing from an approved credit counseling agency within the 180 days before filed this bankruptcy petition, and I received a certificate of completion.
	Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

About Debtor 1:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days

for cause and is	imited to a maximum of 15 days.
☐ I am not require credit counselin	d to receive a briefing about g because of:
☐ Incapacity.	I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
☐ Disability.	My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Active duty. I am currently on active military

reasonably tried to do so.

duty in a military combat zone.

Υ	ou must check one:
	I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.
	Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.
	I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.
	Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.
	I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7

days after I made my request, and exigent

circumstances merit a 30-day temporary

waiver of the requirement.

About Debtor 2 (Spouse Only in a Joint Case):

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:								
☐ Incapacity.	I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.							
☐ Disability.	My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.							
Active duty.	I am currently on active military duty in a military combat zone.							

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Deb	otor 1 Michael First Name	Middle Nam	Fasano ne Last Name		Case number (if	know	n)
Р	art 6: Answer These	Questio	ns for Reporting Pu	rpos	ses		
16.	What kind of debts do you have?	16a.		•	sumer debts? Consumer de imarily for a personal, family,		re defined in 11 U.S.C. § 101(8) usehold purpose."
		16b.		•	iness debts? Business debarrent or through the operation		debts that you incurred to obtain e business or investment.
		16c.	State the type of debts yo	ou ow	e that are not consumer or but	siness	s debts.
17.	Are you filing under Chapter 7?	☑ N	lo. I am not filing under	Chap	eter 7. Go to line 18.		
	Do you estimate that after any exempt property is	□ Y	-	•	•	•	xempt property is excluded and to distribute to unsecured creditors?
	excluded and administrative expenses		□ No				
	are paid that funds will be available for distribution to unsecured creditors?		☐ Yes				
18.	How many creditors do you estimate that you owe?	5 0 1	-49 0-99 00-199 00-999		1,000-5,000 5,001-10,000 10,001-25,000		25,001-50,000 50,001-100,000 More than 100,000
19.	How much do you estimate your assets to be worth?	\$	0-\$50,000 50,001-\$100,000 100,001-\$500,000 500,001-\$1 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
20.	How much do you estimate your liabilities to be?	☑ \$ □ \$	0-\$50,000 50,001-\$100,000 100,001-\$500,000 500,001-\$1 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion

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Debtor 1	Michael		Fasano	Case number (if known)	
	First Name	Middle Name	Last Name		
Part 7:	Sign Below				
For you		I have exami and correct.	ned this petition, and I dec	are under penalty of perjury that the information provide	ed is true
			11, United States Code. I	I am aware that I may proceed, if eligible, under Chapt understand the relief available under each chapter, and	
		•	•	ot pay or agree to pay someone who is not an attorney and read the notice required by 11 U.S.C. § 342(b).	to help me
		I request relie	ef in accordance with the c	napter of title 11, United States Code, specified in this p	petition.
		connection w	•	concealing property, or obtaining money or property by result in fines up to \$250,000, or imprisonment for up to and 3571.	
		X /s/ Michael F	ael Fasano	X Signature of Debtor 2	
			on 07/22/2016	Executed on	

MM / DD / YYYY

MM / DD / YYYY

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Debtor 1	Michael	Fasano	Case number (if know	vn)
	First Name	Middle Name Last Name		,
represent	attorney, if you are ed by one not represented by ey, you do not need	eligibility to proceed under Chap relief available under each chapt the debtor(s) the notice required	amed in this petition, declare that I have ter 7, 11, 12, or 13 of title 11, United Sta ter for which the person is eligible. I als by 11 U.S.C. § 342(b) and, in a case in after an inquiry that the information in th	ates Code, and have explained the o certify that I have delivered to which § 707(b)(4)(D) applies,
to me uns	s page.	X /s/ Robert J. Adams & As Signature of Attorney for Deb		07/22/2016 MM / DD / YYYY
		Robert J. Adams & Asso		
		Printed name		
		Robert J. Adams & Asso	ciates	
		Firm Name 901 W. Jackson St., Suite	. 1910	
		Number Street	; 1010	
		Chicago	<u>IL</u>	60607
		City	State	ZIP Code
		Contact phone (312) 346-0	D100 Email address	
		0013056		
		Bar number	State	_

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Fill in this in	nformation to id	entify your case	and this filing:		
Debtor 1	Michael		Fasano		
Dobioi .	First Name	Middle Name	Last Name		
Debtor 2 (Spouse, if filing	g) First Name	Middle Name	Last Name		
United States B	sankruntev Court for	the: NORTHERN [DISTRICT OF ILLINOIS		
Case number	annupio, ocurre.	uic. <u>1401111111111</u>	MOTRIOT OF IEEE/TOTO		
(if known)				_	if this is an led filing
					3
Official Forn	n 106A/B				
Schedule A	VB: Property	r			12/15
filing together, b sheet to this form	ooth are equally res m. On the top of an	ponsible for supply ny additional pages,	Be as complete and accurate as ping correct information. If more write your name and case numb	space is needed, attach a per (if known). Answer eve	separate ry question.
1. Do you own	or have any legal	or equitable interes	t in any residence, building, land	I, or similar property?	
<u> </u>	o to Part 2. Vhere is the property	?			
	•	•	of your entries from Part 1, inclu	_	00.00
entries for p	pages you have atta	ached for Part 1. W	rite that number here		\$0.00
Part 2: Do	escribe Your Ve	hicles			
-		-	n any vehicles, whether they are also report it on Schedule G: Execution	_	•
3. Cars, vans,	trucks, tractors, sp	port utility vehicles,	motorcycles		
□ No ☑ Yes					
3.1. Make:	Chevrolet	Who has Check on	an interest in the property?	Do not deduct secured clair	· ·
Model:	Impala	Debto	or 1 only	Creditors Who Have Claim	
Year:	2007		or 2 only	Current value of the entire property?	Current value of the portion you own?
Approximate mile	age: 118,000		or 1 and Debtor 2 only ast one of the debtors and another	\$6,150.00	\$6,150.00
Other information		_			
2007 Chevrolet 118,000 miles)	t Impala (approx.	— .	k if this is community property instructions)		
			recreational vehicles, other veh ft, fishing vessels, snowmobiles, m		
✓ No ☐ Yes					
	-	•	of your entries from Part 2, inclu	uding any	\$6,150.00

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Deb	otor 1	Michael First Name	Middle Name	Fasano Last Name	Case number (if known)	
P	art 3:	ı		d Household Items		
Do	you own	or have any lega	al or equitable inter	est in any of the followi	ng items?	Current value of the portion you own? Do not deduct secured claims or exemptions.
6.		old goods and fues: Major applian	_	, china, kitchenware		
	_	Describe Fi	ve rooms of furn	iture of various ages		\$150.00
7.	Electron Example	es: Televisions ar			uipment; computers, printers, scanners; , cameras, media players, games	
	□ No ☑ Yes	Describe O	ne TV, Cell phone	•		\$100.00
8.		•			pooks, pictures, or other art objects; memorabilia, collectibles	
	✓ No ☐ Yes	Describe				
9.			graphic, exercise, ar	nd other hobby equipmen ls; musical instruments	it; bicycles, pool tables, golf clubs, skis;	
	✓ No ☐ Yes	. Describe				
10.	Firearm Example		shotguns, ammuniti	on, and related equipme	nt	
	✓ No ☐ Yes	Describe				
11.	Clothes Example	es: Everyday clot	hes, furs, leather co	ats, designer wear, shoes	s, accessories	
	□ No ☑ Yes	Describe C	lothing			\$200.00
12.	Jewelry Example		elry, costume jewelry	/, engagement rings, wed	dding rings, heirloom jewelry, watches, gems,	
	✓ No ☐ Yes	Describe				
13.		m animals es: Dogs, cats, bi	rds, horses			
	✓ No ☐ Yes	Describe				
14.	Any oth	•	household items y	ou did not already list, i	including any health aids you	
	_	Give specific				
15.			all of your entries fr	om Part 3, including an	y entries for pages you have	\$450.00

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Deb	tor 1	Michael First Name	Middle Name	Fasano Last Name	Case number (if known)	
P	art 4:	Describe Y	our Financial As	sets		
Do	you owr	n or have any leg	al or equitable intere	est in any of the followin	g?	Current value of the portion you own? Do not deduct secured claims or exemptions.
16.	Cash Examp	les: Money you h petition	ave in your wallet, in	your home, in a safe depo	sit box, and on hand when you file your	
	□ No ✓ Ye				Cash:	\$50.00
17.	-	-	ouses, and other simil		of deposit; shares in credit unions, e multiple accounts with the same	
	□ No ☑ Ye	S	Instituti	on name:		
	17	7.1. Other finan	cial account: Other	financial account; pre	-paid card	\$500.00
18.	<i>Examp</i> ✓ No	les: Bond funds,	or publicly traded sto investment accounts Institution or issue	with brokerage firms, mon	ey market accounts	
19.	Mon-pu	ublicly traded sto		ncorporated and uninco	rporated businesses, including	
	✓ No ☐ Year	s. Give specific ormation about	Name of entity:		% of ownership:	
20.	Negotia	able instruments i	nclude personal chec	·	gotiable instruments nissory notes, and money orders. by signing or delivering them.	
	info	s. Give specific ormation about	Issuer name:			
21.		ment or pension a les: Interests in If profit-sharing	RA, ERISA, Keogh, 40	01(k), 403(b), thrift saving	s accounts, or other pension or	
		s. List each count separately.	Type of account:	Institution name:		
22.	Your sh Examp		deposits you have m		nue service or use from a company tric, gas, water), telecommunications	
	✓ No	s		Institution name or individual	dual:	
23.	_				either for life or for a number of years)	
	✓ No		Issuer name and	description:		
24.			on IRA, in an accoun 529A(b), and 529(b)(1		gram, or under a qualified state tuition p	ogram.
	✓ No		Institution name a	and description. Separate	ly file the records of any interests. 11 U.S.C	c. § 521(c)

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Deb			Fasano	Case number (it	known)	
	First Name	Middle Name	Last Name			
25.	Trusts, equitable or fu powers exercisable for		erty (other than anythi	ng listed in line 1), and right	s or	
	☑ No					
	Yes. Give specific information about t				_	
26.		rademarks, trade secre main names, websites, p		tual property; and licensing agreements		
	✓ No					
	Yes. Give specific information about t				_	
27.		and other general inta rmits, exclusive licenses	-	ion holdings, liquor licenses, p	orofessional license	es
	✓ No ☐ Yes. Give specific				_	
	information about t	nem				
Mon	ey or property owed to	o you?			р С	Current value of the portion you own? On not deduct secured claims or exemptions.
28.	Tax refunds owed to	you				
	☑ No					
	Yes. Give specific				Federal:_	\$0.00
	about them, including you already filed the	•			State: _	\$0.00
	and the tax years				Local: _	\$0.00
29.	Family support					
		r lump sum alimony, spo	usal support, child sup	port, maintenance, divorce se	ttlement, property s	settlement
	✓ No✓ Yes. Give specific	information		ΔΙ	mony:	\$0.00
		in on a contract of			aintenance:	\$0.00
					ipport:	\$0.00
					-	
					vorce settlement: _	\$0.00
				Pr	operty settlement:_	\$0.00
30.	, ,	•		enefits, sick pay, vacation pay, made to someone else	workers'	
	✓ No✓ Yes. Give specific	information			_	
31.	Interests in insurance Examples: Health, disa	•	health savings accoun	t (HSA); credit, homeowner's,	or renter's insuranc	ce
	✓ No	<i>,,</i>	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	, , , , , , , , , , , , , , , , , , , ,		
	Yes. Name the ins					
	company of each p and list its value	•	ne:	Beneficiary:	Surr	ender or refund value:
32.		rty that is due you from		•	2311	
	If you are the beneficia	•	ct proceeds from a life	insurance policy, or are currer	itly	
	No No Civa appairio	information				
	Yes. Give specific	mormation			_	

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Deb	_	/lichael	Middle Norse	Fasano	Case number (if known)	
22		irst Name	Middle Name	Last Name		
33.				nsurance claims, or right	it or made a demand for payment s to sue	
		Describe each	h claim			
34.		ntingent and set off claims	•	every nature, includin	g counterclaims of the debtor and	
	✓ No ☐ Yes.	Describe each	h claim			
35.	Any finar	ncial assets y	ou did not already list			
	✓ No ☐ Yes.	Give specific	information			
36.					y entries for pages you have	\$550.00
Pa	art 5: D	escribe An	y Business-Relate	ed Property You Ov	vn or Have an Interest In. List any	real estate in Part 1.
37.	Do you o	wn or have a	ny legal or equitable i	nterest in any business	-related property?	
	ب	Go to Part 6.				
	☐ res.	Go to line 38.				
						Current value of the portion you own? Do not deduct secured claims or exemptions.
38.	Accounts	s receivable o	or commissions you a	ready earned		dame of exemptions.
	✓ No ☐ Yes.	Describe				
39.		s: Business-re	hishings, and supplies elated computers, softwars, electronic devices		opiers, fax machines, rugs, telephones,	
	✓ No ☐ Yes.	Describe				
40.	Machine	ry, fixtures, e	quipment, supplies yo	u use in business, and	tools of your trade	
	✓ No ☐ Yes.	Describe				
41.	Inventory	′				
	✓ No ☐ Yes.	Describe				
42.	Interests	in partnershi	ps or joint ventures			
	✓ No ☐ Yes.	Describe	Name of entity:		% of ownership:	
43.	Custome	r lists, mailin	g lists, or other comp	lations		
	✓ No ☐ Yes.	Do your lists No Yes. Des		entifiable information(as defined in 11 U.S.C. § 101(41A))?	

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Deb	tor 1	Michael First Name	Middle Name	Fasano Last Name	Case number (if known)	
44.	Any b	ousiness-related p	property you did not a	already list		
	☑ N	lo 'es. Give specific i	information.			
45.					entries for pages you have	\$0.00
Pa	art 6:			mercial Fishing-Rela farmland, list it in Part	ated Property You Own or Have a t 1.	n Interest In.
46.	Do yo	ou own or have ar	າy legal or equitable i	nterest in any farm- or co	ommercial fishing-related property?	
		lo. Go to Part 7. 'es. Go to line 47.				
						Current value of the portion you own? Do not deduct secured claims or exemptions.
47.		animals	oultry, farm-raised fish			
	☑ N	lo	, ,			
48.	Crops	seither growing	or harvested			
		lo 'es. Give specific nformation				
49.	Farm	and fishing equip	oment, implements, m	nachinery, fixtures, and t	ools of trade	
	☑ N					
50.	Farm	and fishing supp	lies, chemicals, and f	eed		
	☑ N					
51.	Any f	arm- and comme	rcial fishing-related p	roperty you did not alrea	dy list	
	_	lo 'es. Give specific nformation				
52.				om Part 6, including any	entries for pages you have	\$0.00
Pa	art 7:	Describe All	Property You Ow	n or Have an Interes	st in That You Did Not List Above	
53.	-		perty of any kind you ets, country club memb	•		
	☑ N	lo 'es. Give specific i	information.			
54	۸ طط 4	he dollar value of	fall of your entries fro	om Part 7 Write that nur	wher here	\$0.00

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Debtor 1	Michael	Fasano	Case nu	mber (if known)		
	First Name Middle Name	Last Name				
Part 8:	List the Totals of Each Part of	this Form				
55. Part 1	: Total real estate, line 2			-	—	\$0.00
56. Part 2	2: Total vehicles, line 5		\$6,150.00			
57. Part 3	: Total personal and household items	, line 15	\$450.00			
58. Part 4	: Total financial assets, line 36		\$550.00			
59. Part 5	: Total business-related property, line	45	\$0.00			
60. Part 6	: Total farm- and fishing-related prope	erty, line 52	\$0.00			
61. Part 7	7: Total other property not listed, line 5	+	\$0.00			
62. Total	personal property. Add lines 56 throu	ıgh 61	\$7,150.00	Copy personal property total	+	\$7,150.00
63. Total	of all property on Schedule A/B. Ad	d line 55 + line 62				\$7,150.00

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Fill in this inf	ormation to iden	tify your o	case:			
Debtor 1	Michael		Fasano			
	First Name	Middle Name				
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name			
United States Bar	nkruptcy Court for the	NORTHE	RN DISTRICT OF I	LLIN	IOIS	☐ Check if this is an
Case number (if known)						amended filing
Official Form	106C					
Schedule C:	The Property	You Cl	aim as Exemp	ot		04/16
Using the property space is needed, fi	you listed on <i>Schedu</i>	<i>le A/B: Prope</i> s page as m	erty (Official Form 106	6A/B)	as your source, list th	esponsible for supplying correct information. be property that you claim as exempt. If more essary. On the top of any additional pages,
is to state a specific exempted up to the receive certain be exemption of 100%	fic dollar amount as e amount of any app nefits, and tax-exem % of fair market value	exempt. Alt blicable stat pt retiremer e under a la	ternatively, you may utory limit. Some ex nt fundsmay be unl w that limits the exe	clair cemp imite mpti	n the full fair market tionssuch as those d in dollar amount. I	you claim. One way of doing so value of the property being for health aids, rights to However, if you claim an lar amount and the value of the le statutory amount.
Part 1: Ide	ntify the Propert	y You Cla	im as Exempt			
1. Which set of	exemptions are you	claiming?	Check one only,	even	if your spouse is filing	with you.
<u> </u>	claiming state and fed claiming federal exem			11 U.	S.C. § 522(b)(3)	
2. For any prope	erty you list on Sche	dule A/B th	at you claim as exen	npt, f	ill in the information	below.
•	of the property and li lists this property	ne on	Current value of the portion you own		ount of the mption you claim	Specific laws that allow exemption
			Copy the value from Schedule A/B		eck only one box for h exemption	
Brief description:			\$6,150.00	. 7	\$0.00	735 ILCS 5/12-1001(c)
•	mpala (approx. 11	8000	Ψ0,130.00		100% of fair market	733 1233 3/12-1001(5)
miles) 2007 Chevrolet I	Impala (approx. 11	8 000			value, up to any applicable statutory	
miles)	impaia (approx. 11	0,000			limit	
Line from Schedule	e A/B:					
Brief description:			\$150.00	V	\$150.00	735 ILCS 5/12-1001(b)
Five rooms of fu	rniture of various	ages			100% of fair market	
Line from Schedule	e A/B: 6				value, up to any applicable statutory limit	
•	ning a homestead ex justment on 4/01/19 a	-			ed on or after the date	e of adjustment.)
✓ No ☐ Yes. Did ☐ No ☐ Yes		erty covered	by the exemption wit	hin 1	.215 days before you f	illed this case?

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Fasano Debtor 1 Michael Case number (if known) Middle Name First Name Last Name Part 2: **Additional Page** Brief description of the property and line on **Current value of** Amount of the Specific laws that allow exemption Schedule A/B that lists this property the portion you exemption you claim own Copy the value from Check only one box for Schedule A/B each exemption Brief description: \$100.00 \$100.00 735 ILCS 5/12-1001(b) $\overline{\mathbf{Q}}$ One TV, Cell phone 100% of fair market value, up to any Line from Schedule A/B: 7 applicable statutory limit Brief description: \$200.00 735 ILCS 5/12-1001(a), (e) \$200.00 \mathbf{V} Clothing 100% of fair market value, up to any Line from Schedule A/B: 11 applicable statutory limit Brief description: \$50.00 \$50.00 735 ILCS 5/12-1001(b) ablaCash 100% of fair market value, up to any Line from Schedule A/B: 16 applicable statutory limit Brief description: \$500.00 \$500.00 735 ILCS 5/12-1001(b) $\overline{\mathbf{Q}}$ Other financial account; pre-paid card 100% of fair market value, up to any Line from Schedule A/B: 17.1 applicable statutory limit

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Fill in this info	ormation to ide	ntify your case:						
Debtor 1	Michael		Fasano					
	First Name	Middle Name	Last Name					
Debtor 2								
(Spouse, if filing)	First Name	Middle Name	Last Name					
United States Bar	nkruptcy Court for the	e: NORTHERN D	STRICT OF ILLINO	<u>s</u>				
Case number					☐ Check if this is	s an		
(if known)					amended filing			
Official Form	106D							
Schedule D:	Creditors W	ho Have Clai	ims Secured by	y Property		12/15		
On the top of any 1. Do any credit □ No. Che □ Yes. Fill	additional pages, w	cured by your proposit this form to the coion below.	d case number (if know	wn).	ies, and attach it to thing else to report on the			
claim, list the creditor has a	ed claims. If a credicreditor separately for particular claim, list ible, list the claims ir e.	or each claim. If mo the other creditors in	re than one n Part 2. As	Column A Amount of claim Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any		
2.1			property that	\$12,018.36	\$12,018.36			
Go Financial		secures the c		Ψ12,010.00	Ψ12,010.00			
Creditor's name P.O.Box 53087 Number Street		2007 Chevy 	impaia					
Debtor 1 only Debtor 2 only Debtor 1 and D At least one of Check if this c to a community	State ZIP Code Mho owes the debt? Check one. ✓ Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other liftly is at live at large and another Disputed Nature of lien. Check all that apply. ✓ An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit ✓ Other (including a right to offset)							
Date debt was inc	urred	Last 4 digits	of account number					

Add the dollar value of your entries in Column A on this page. Write that number here:

\$12,018.36

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$12,018.36

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Fill in this info	ormation to ide	entify your c	ase:			
Debtor 1	Michael		Fasano			
	First Name	Middle Name	Last Name			
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name			
		NODTUED	IN DISTRICT OF ILL INOIS			
	nkruptcy Court for ti	ne: NORTHER	IN DISTRICT OF ILLINOIS			
Case number (if known)					Check if this is a amended filing	an
Official Form						
Schedule E/	F: Creditors	Who Have	e Unsecured Claims			12/15
Do not include any If more space is not to this page. On the	y creditors with pa eeded, copy the Pa he top of any addit	ortially secured art you need, fi tional pages, w	and on Schedule G: Executory Co claims that are listed in Schedule Ill it out, number the entries in the rite your name and case number	D: Creditors Who Hoboxes on the left. At	old Claims Secur	ed by Property.
1. Do any credit	ors have priority ι	ınsecured clair	ns against you?			
☐ No. Go to ✓ Yes.	o Part 2.					
claim. For eac show both pric more space is	ch claim listed, iden ority and nonpriority	itify what type of amounts. As m unsecured clair	creditor has more than one priority of claim it is. If a claim has both prior nuch as possible, list the claims in a ms, fill out the Continuation Page of	ity and nonpriority amo	ounts, list that clain	m here and or's name. If
(For an explan	nation of each type	of claim, see the	e instructions for this form in the inst			
				Total claim	Priority amount	Nonpriority amount
2.1				\$6,637.53	\$6,637.53	\$0.00
IRS			Last 4 digits of account number			7,555
Priority Creditor's Name P.O Box 7346	e		When was the debt incurred?			
Number Street			As of the date you file, the claim		dv	
			Contingent	is. Oncor all that app	ry.	
Philadelphia		9101-7346	Unliquidated Disputed			
City Who incurred the		IP Code e.	Type of PRIORITY unsecured cla	aim:		
Debtor 1 only Debtor 2 only			Domestic support obligations			
Debtor 1 and D	•		Taxes and certain other debts Claims for death or personal ir		ent	
느	the debtors and an		intoxicated	-		
Is the claim subject	claim is for a comn ct to offset?	iuiiity uebt	Other. Specify			
✓ No Yes						

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Debtor 1	Michael			F	Fasano	Case number (if k	(nown)		
	First Name	ſ	Middle Name	L	Last Name					
Part 1:	Your PRI	ORITY	Unsecured	Clain	ns Continuation Page					
After listing previous p		n this pa	age, number th	em se	quentially from the	Total clain	n	Priority amount	Nonpriority amount	
2.2						\$3,600	0.00	\$3,600.00	\$0.00	
Robert J Adams & Associates Priority Creditor's Name 901 W Jackson, Suite 202 Number Street				ast 4 digits of account numbe then was the debt incurred?	o7/22/2016					
				— As	 As of the date you file, the claim is: Check all that apply. Contingent 					
Chicago City		IL State	60607 ZIP Code	_ <u> </u>	Unliquidated Disputed					
Who incur	ed the debt?	Check	one.	Ту	pe of PRIORITY unsecured o	laim:				
At leas	,	tors and for a co			Domestic support obligations Taxes and certain other debt Claims for death or personal intoxicated Other. Specify Attorney fees for this ca	s you owe the gov injury while you w		ent		

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Debtor 1	Michael First Name	Middle Name	Fasano Last Name	Case number (if known)	
Part 2:	List All of Y	our NONPRIORI	ΓΥ Unsecured Cla	ims	
3. Do a	nv creditors have i	nonpriority unsecure	d claims against you?	,	
	-			he court with you other schedules.	
4. List a lf a c type	reditor has more that of claim it is. Do no	an one nonpriority unse t list claims already inc	ecured claim, list the crocluded in Part 1. If mor	rder of the creditor who holds each claim. editor separately for each claim. For each claim lister than one creditor holds a particular claim, list the of the Continuation Page of Part 2.	
					Total claim
	Chicago-tickets		Last 4 digits of acc	count number	\$5,900.00
	Creditor's Name Revenue		When was the deb	t incurred?	
Number	Street		As of the date you	file, the claim is: Check all that apply.	
121 N. L	aSalle St., Room	107A	Contingent		
			Unliquidated Disputed		
Chicago City		L 60602 state ZIP Code			
•		Check one.	Type of NONPRIO	RITY unsecured claim:	
<u> </u>	or 1 only			sing out of a separation agreement or divorce	
ш	or 2 only	h.,		report as priority claims	
_	or 1 and Debtor 2 on ast one of the debtor	•		on or profit-sharing plans, and other similar debts	
ш		a community debt	Other. Specify Other		
_	im subject to offse	-	Other		
✓ No ☐ Yes	,				
4.2					\$124.00
	inancial Services	s, Inc.	Last 4 digits of acc	count number	
	Creditor's Name Imperial Hwy #20	10	When was the deb	t incurred?	
Number	Street		As of the date you	file, the claim is: Check all that apply.	
			_ Contingent		
			Unliquidated Disputed		
Brea	C	CA 92821	_ Disputed		
City		tate ZIP Code Check one.	Type of NONPRIOR	RITY unsecured claim:	
	or 1 only	meck one.	Student loans		
لتنا	or 2 only			sing out of a separation agreement or divorce report as priority claims	
	or 1 and Debtor 2 on	•		on or profit-sharing plans, and other similar debts	
ш	st one of the debtor		Other. Specify	,	
☐ Chec	k if this claim is for	a community debt	Collecting for	r -	
	im subject to offse	t?			
✓ No ☐ Yes					

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Debtor 1	Michael		Fasano Case number (if known)	
	First Name	Middle Name	Last Name	
Part 2:	Your NO	NPRIORITY Unsec	ured Claims Continuation Page	
After listin	•	on this page, number th	nem sequentially from the	Total claim
4.3				\$300.00
Comcast	t		Last 4 digits of account number	
Nonpriority C	Creditor's Name		When was the debt incurred?	
PO Box 3	3002 Street		As of the date you file, the claim is: Check all that apply.	
Number	Street		Contingent	
			Unliquidated	
Cauthaas	-1	DA 40200	Disputed	
Southeas City	stern	PA 19398 State ZIP Code	Type of NONDRIGHTY uncontrol claims	
•	rred the debt?	Check one.	Type of NONPRIORITY unsecured claim: ☐ Student loans	
✓ Debtor	r 1 only		Obligations arising out of a separation agreement or divorce	
⋍ ~	r 2 only	1	that you did not report as priority claims	
ш.	r 1 and Debtor 2	only tors and another	Debts to pension or profit-sharing plans, and other similar debts	
_			Other. Specify	
		for a community debt	Other	
	m subject to of	set?		
✓ No ☐ Yes				
4.4				\$200.00
ComEd			Last 4 digits of account number	· · · · · · · · · · · · · · · · · · ·
	Creditor's Name		When was the debt incurred?	
PO Box 6	Street		As of the date you file, the claim is: Check all that apply.	
	3 331			
			Unliquidated	
Carol Str	ream	IL 60197	Disputed	
City	Calli	State ZIP Code	Type of NONPRIORITY unsecured claim:	
	rred the debt?	Check one.	Student loans	
	r 1 only		Obligations arising out of a separation agreement or divorce	
- .	r 2 only r 1 and Debtor 2	only	that you did not report as priority claims	
		tors and another	Debts to pension or profit-sharing plans, and other similar debts	
_		for a community debt	Other. Specify	
	m subject to of		Utility	
✓ No	in subject to on	361:		
Yes				
_				
4.5				\$279.00
	ent Outsourci	ng	Last 4 digits of account number	
PO Box 9	Creditor's Name		When was the debt incurred?	
Number	Street		As of the date you file, the claim is: Check all that apply.	
			Contingent	
			Unliquidated	
Renton		WA 98057	Disputed	
City		State ZIP Code	Type of NONPRIORITY unsecured claim:	
	rred the debt?	Check one.	Student loans	
	r 1 only r 2 only		Obligations arising out of a separation agreement or divorce	
ш	r 1 and Debtor 2	only	that you did not report as priority claims	
_		tors and another	Debts to pension or profit-sharing plans, and other similar debts	
–	c if this claim is	for a community debt	Other. Specify Collecting for -	
ш	m subject to of		30	
No No				
Yes				

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Debtor 1	Michael		Fasano Case number (if known)	
	First Name	Middle Name	Last Name	
Part 2:	Your NO	NPRIORITY Unsecu	ured Claims Continuation Page	
After listin		on this page, number th	nem sequentially from the	Total claim
4.6				\$400.00
Direct TV	/		Last 4 digits of account number	Ψ+00.00
Nonpriority C	Creditor's Name		When was the debt incurred?	
PO Box 7 Number	Street		As of the date you file, the claim is: Check all that apply.	
			Contingent	
			☐ Unliquidated ☐ Disputed	
Phoenix		AZ 85062		
City Who incur	red the debt?	State ZIP Code Check one.	Type of NONPRIORITY unsecured claim:	
	r 1 only	Check one.	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor	r 2 only		that you did not report as priority claims	
ш.	r 1 and Debtor 2	only otors and another	☐ Debts to pension or profit-sharing plans, and other similar debts	
_		for a community debt	Other. Specify	
			Other	
No No	m subject to of	Setf		
Yes				
4.7				
4.7	_			\$200.00
Dish Nety Nonpriority C	work Creditor's Name		Last 4 digits of account number	
Dept 006	3		When was the debt incurred?	
Number	Street		As of the date you file, the claim is: Check all that apply. — Contingent	
			Unliquidated	
Dolotino		II 60055 0062	Disputed	
Palatine City		IL 60055-0063 State ZIP Code	Type of NONPRIORITY unsecured claim:	
	rred the debt?	Check one.	Student loans	
	r 1 only r 2 only		Obligations arising out of a separation agreement or divorce	
ш	r 1 and Debtor 2	only	that you did not report as priority claims	
ш.		otors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check	t if this claim is	for a community debt	Other	
Is the clair	m subject to of	fset?		
☑ No				
Yes				
4.8				\$431.00
First Pre	mier Bank		Last 4 digits of account number	<u>.</u>
	Creditor's Name		When was the debt incurred?	
Number	Street		As of the date you file, the claim is: Check all that apply.	
			Contingent	
			☐ Unliquidated ☐ Disputed	
Sioux Fa	lls	SD 57107-0145		
City Who incur	red the debt?	State ZIP Code Check one.	Type of NONPRIORITY unsecured claim:	
	r 1 only	OHOUR OHE.	Student loans Obligations origing out of a congretion agreement or diverse	
Debtor	r 2 only		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
_	r 1 and Debtor 2	•	Debts to pension or profit-sharing plans, and other similar debts	
		tors and another	Other. Specify	
ш		for a community debt	Credit Card	
Is the clair	m subject to of	set?		
✓ Yes				

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Debtor 1	Michael		Fasano Case number (if known)	
	First Name	Middle Name	Last Name	
Part 2:	Your NO	NPRIORITY Unsecu	red Claims Continuation Page	
After listing previous		on this page, number the	m sequentially from the	Total claim
4.9				\$10,000.00
	sociates		Last 4 digits of account number	
P.O Box	Creditor's Name 5718		When was the debt incurred?	
Number	Street		As of the date you file, the claim is: Check all that apply.	
			□ Contingent □ Unliquidated	
			— ☐ Disputed	
Elgin City		IL 60121-5718 State ZIP Code		
	rred the debt?	Check one.	Type of NONPRIORITY unsecured claim: Student loans	
ب	r 1 only		☐ Obligations arising out of a separation agreement or divorce	
	r 2 only r 1 and Debtor :	2 only	that you did not report as priority claims	
_		btors and another	Debts to pension or profit-sharing plans, and other similar debts	
	k if this claim is	s for a community debt		
_	m subject to o	ffset?		
☑ No				
Yes				
4.10				\$1,108.93
MacNeal	Hospital		Last 4 digits of account number	
Nonpriority (Creditor's Name		When was the debt incurred?	
Number	/shere Circle Street		As of the date you file, the claim is: Check all that apply.	
			_ Contingent	
			☐ Unliquidated ☐ Disputed	
Chicago		IL 60674-0023		
City Who incu	rred the debt?	State ZIP Code Check one.	Type of NONPRIORITY unsecured claim:	
	r 1 only	Chook one.	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debto	r 2 only		that you did not report as priority claims	
二	r 1 and Debtor:	2 only btors and another	Debts to pension or profit-sharing plans, and other similar debts	
_		s for a community debt	Other. Specify	
	m subject to o		Medical	
√ No				
Yes				
4.11				\$300.00
Nicor Ga	ıs		Last 4 digits of account number	Ψ300.00
Nonpriority (Creditor's Name		When was the debt incurred?	
PO Box 3	Street		As of the date you file, the claim is: Check all that apply.	
			_ Contingent	
			☐ Unliquidated ☐ Disputed	
Aurora		IL 60507	Disputed	
City Who incu	rred the debt?	State ZIP Code Check one.	Type of NONPRIORITY unsecured claim:	
	r 1 only	Shook one.	Student loans Obligations arising out of a separation agreement or divorce	
Debto	r 2 only		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	r 1 and Debtor :		Debts to pension or profit-sharing plans, and other similar debts	
<u> </u>		btors and another s for a community debt	Other. Specify	
_	m subject to o	-	Utility	
No No	m subject to 0	noct:		
Yes				

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Contingent Con	Debtor 1	Michael First Name	Middle Name	Fasano Last Name	Case number (if known)	
Section Sect	Part 2:	Your NO	NPRIORITY Unsecu	ured Claims Conti	nuation Page	
Same schedur Financial Services Last 4 digits of account number Stroke Strok		•	on this page, number the	em sequentially from the	•	Total claim
Sonnerschein Financial Services Carraism Plaza Dr Carraism Pla	4.12					\$200.00
2 Transam Plaza Dr	Sonnens	chein Financ	ial Services	Last 4 digits of acco	unt number	
As of the date you file, the claim is: Check all that apply. Contingent Check one. Check				When was the debt i	ncurred?	
Osabbrook Terrace IL 60181 Osabbrook Terrace IL State ZIP Code Osabbrook Terrace Osabbrook Terrace Osabbrook Terrace Osabbrook Zerrace Osabbrook Z	Number Number			As of the date you file	le, the claim is: Check all that apply.	
Disputed						
Student learns Stud				— <u> </u>		
Who incurred the debt? Check one. State Check one.		k Terrace		— Disputed		
Debtor 1 anly Debtor 2 only Debtor 2 only Debtor 1 and Debtor 3 ond another Debtor 4 this claim is for a community debt is the claim subject to offset? When was the debt incurred? Aleast new of the debtors and another Debtor 2 only Debtor 1 and Debtor 2 only No Propremy Crederors Name Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only No Propremy Crederors and another Debtor 1 and Debtor 2 only No Propremy Crederors Name Debtor 1 and Debtor 2 only No Propremy Crederors Name Debtor 1 and Debtor 2 only No Propremy Crederors Name Debtor 1 only Debtor 1 and Debtor 2 only No Propremy Crederors Name Propremy Cred	City Who incu	rred the debt?		Type of NONPRIORI	TY unsecured claim:	
Debtor 2 anily			Check one.			
Debtor 1 and Debtor 2 anly Debtor 2 anly Debtor 1 and Debtor 3 and another Debtor 1 and Debtor 3 and another Debtor 1 and Debtor 2 anly Debtor 1 and Debtor 2 and Debtor 3 and Debtor 2 and Debtor 3 and Debtor 2 and Debtor 3 and Debtor 4 and Debtor 3 and Debtor 4 and Debtor 4 and Debtor 5 and 3 and 5	<u> </u>	•		~		
All teast one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? Al.13	_		•	•	· · · · ·	
Stanislaus Credit Control Comproy Creditor's Nume Street Contingent Conti	ш					
A.13 Stanislaus Credit Control Last 4 digits of account number Menurority Creditor's Name 914 14th St. When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Uniquidated Disputed Check one. State zip Code Check one. Check it this claim is for a community debt State zip Code Check one. Check it this claim is for a community debt Check one. Check it this claim is for a community debt Check one. Check it this claim is for a community debt Check	_		•	Other		
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Stanislaus Credit Control Nonpriority Creditor's Name 914 14th St. Number Street Modesto, CA 953541						
Windows Wind	4.13					\$750.00
Modesto, CA 953541			trol	Last 4 digits of acco	unt number	
As of the date you file, the claim is: Check all that apply. Contingent				When was the debt i	ncurred?	
Unliquidated Disputed	Number	Street		As of the date you fi	le, the claim is: Check all that apply.	
City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Check if this claim is for a community debt Is the claim subject to offset? No Yalue Auto Mart Nonpriority Creditor's Name 2734 N. Cicero Number Street As of the date you file, the claim is: Check all that apply. Chicago LL 60639 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 1 only Debtor 2 only Check if this claim is for a community debt Street No Yes No Yes Who was the debt incurred? As of the date you file, the claim is: Check all that apply. Debtor 1 only Debtor 1 sand Debtor 2 only Least 4 digits of account number NonPriority Creditor's Name Contingent Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Auto Loan Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Auto Loan	Modesto	, CA 953541		—		
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Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Obligations arising out or a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Auto Loan			Official Official		a cut of a concretion and a second of the	
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At least one of the debtors and another Check if this claim is for a community debt Auto Loan No			•	•		
Is the claim subject to offset? No No	ш			□ ~,		
☑ No	☐ Check	k if this claim is	for a community debt	Auto Loan		
	NI-	m subject to of	fset?			
100	✓ NO Yes					

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Debtor 1	Michael		Fasano	Case number (if known)	
	First Name	Middle Name	Last Name	`	

Part 4: Add the Amounts for Each Type of Unsecured Claim

Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only.
 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

				Total claim
Total claims	6a.	Domestic support obligations	6a.	\$0.00
nom rait i	6b.	Taxes and certain other debts you owe the government	6b.	\$6,637.53
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d. +	\$3,600.00
	6e.	Total. Add lines 6a through 6d.	6d.	\$10,237.53
				Total claim
Total claims from Part 2	6f.	Student loans	6f.	\$0.00
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts		6h.	\$0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. +	\$28,974.93
	6j.	Total. Add lines 6f through 6i.	6j.	\$28,974.93

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Fill in this inf	ormation to ider						
Debtor 1	Michael First Name	Middle Name	Fasano Last Name				
Debtor 2 (Spouse, if filing)		Middle Name	Last Name				
United States Ba	United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS						
Case number (if known) Check if this is an amended filing							

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.

 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B*: *Property* (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

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F	ill in this info	ormation to iden	tify your case:				
D	ebtor 1	Michael First Name	Middle Name	Fasano Last Name			
_	ebtor 2	=					
(S	pouse, if filing)	First Name	Middle Name	Last Name			
Uı	nited States Ban	kruptcy Court for the:	NORTHERN DIS	TRICT OF ILLINOIS			
-	ase number known)					Check if this is an amended filing	
Of	ficial Form	<u>106H</u>					
Sc	hedule H:	Your Codebte	ors				12/1
two nee	married peopleded, copy the A	e are filing together, Additional Page, fill i of any Additional Pa	both are equally re t out, and number t ges, write your nam	ny debts you may have. Be sponsible for supplying con the entries in the boxes on the and case number (if known case, do not list either spouse	rrect information. If he left. Attach the A vn). Answer every q	more space is dditional Page to this	
	✓ No Yes						
2.		•		y property state or territory ew Mexico, Puerto Rico, Texa	` ' '	•	
	No. Go to Yes. Did No No Yes		spouse, or legal equi	valent live with you at the tim	e?		
3.	person showr creditor on Se	n in line 2 again as a	codebtor only if the orm 106D), Schedu	e your spouse as a codebto at person is a guarantor or o le E/F (Official Form 106E/F column 2.	cosigner. Make sure	you have listed the	

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

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j	-ill in this inform	ation to iden	tify your case:					
	Debtor 1	Michael		Fasano				
		First Name	Middle Name	Last Name			— Che	eck if this is:
	Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name			_	An amended filing
	· · · · · · · · · · · · · · · · · · ·	into a Court for th	. NODTHEDN	DISTRICT OF IL	LINC	nic.		A supplement showing postpetition
	United States Bankru	apicy Court for in	e: NORTHERN	DISTRICT OF IL	LINC	<i>,</i> 10	— —	chapter 13 income as of the following date:
	Case number (if known)	-			_			MM / DD / YYYY
0	fficial Form 10	<u>61</u>						
S	chedule I: You	ır Income						12/15
res ind ab yo	sponsible for supply clude information ab out your spouse. If our name and case no	ing correct info out your spouse more space is n	mation. If you are If you are separ eeded, attach a se Answer every o	e married and not rated and your spo eparate sheet to th	filing ouse i	jointly s not	, and your filing with y	d Debtor 2), both are equally spouse is living with you, you, do not include information any additional pages, write
1.	Fill in your employ information.							
	If you have more th	ian one		Debtor 1				Debtor 2 or non-filing spouse
	job, attach a separa	_	oloyment status	✓ Employed				☐ Employed
	with information ab			■ Not employ	ed			☐ Not employed
	additional employe	Occ	upation	Supervisor				
	Include part-time, s or self-employed w		oloyer's name	G.D.I. Omni In	c.			_
	Occupation may inc student or homema applies.		oloyer's address	4952 W. 128th Number Street	Plac	e		Number Street
				Alsip City		IL State	60803 Zip Code	City State Zip Code
		Hov	v long employed t		ırs			ο ο
	Part 2: Give D		Monthly Incom				_	
								a contra de la contra del la contra del la contra del la contra de la contra del la contra de la contra de la contra del la
	n-filing spouse unless			n. If you have noth	iing to	repon	for any line	e, write \$0 in the space. Include your
-	you or your non-filing s u need more space, a	•		er, combine the inf	ormat	ion for	all employe	ers for that person on the lines below. If
						For D	ebtor 1	For Debtor 2 or non-filing spouse
2.	List monthly gross payroll deductions) would be.				2.		\$3,526.25	
3.	Estimate and list r	monthly overtim	e pay.		3	+	\$0.00	
4.	Calculate gross in	come. Add line	2 + line 3.		4.		\$3,526.25	

Official Form 106l Schedule I: Your Income page 1

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Debt	tor 1	Michael F	asano		Case nι	ımbe	er (if know	n)		
		First Name Middle Name La	ast Name		For Debtor 1		For Debto		<u> </u>	
	Сор	oy line 4 here	-	4.	\$3,526.25					
5.	List	all payroll deductions:								
		Tax, Medicare, and Social Security deductions		5a.	\$806.74					
	5b.	Mandatory contributions for retirement plans		5b.	\$0.00					
	5c.	Voluntary contributions for retirement plans		5c.	\$0.00					
	5d.	Required repayments of retirement fund loans		5d.	\$0.00					
	5e.	Insurance		5e.	\$0.00					
	5f.	Domestic support obligations		5f.	\$0.00					
	•	Union dues		5g.	\$0.00					
	5h.	Other deductions. Specify:		5h. +	\$0.00					
6.		the payroll deductions. Add lines 5a + 5b + 5c + 5h.	- 5d + 5e + 5f +	6.	\$806.74					
7. 8.		culate total monthly take-home pay. Subtract ling all other income regularly received:	ne 6 from line 4.	7.	\$2,719.51					
0.		Net income from rental property and from operat	ina a	8a.	\$0.00					
	oa.	business, profession, or farm		oa.	φυ.υυ_					
		Attach a statement for each property and business s gross receipts, ordinary and necessary business exp the total monthly net income.	J							
	8b.	Interest and dividends		8b.	\$0.00					
	8c.	Family support payments that you, a non-filing s dependent regularly receive	pouse, or a	8c.	\$0.00					
		Include alimony, spousal support, child support, mai divorce settlement, and property settlement.	intenance,							
	8d.	Unemployment compensation		8d.	\$0.00					
	8e.	Social Security		8e.	\$0.00					
	8f.	Other government assistance that you regularly	receive							
		Include cash assistance and the value (if known) or cash assistance that you receive, such as food stam (benefits under the Supplemental Nutrition Assistance rhousing subsidies.	nps							
		Specify:		8f.	\$0.00					
	8g.	Pension or retirement income		8g.	\$0.00					
	8h.	Other monthly income.								
		Specify:		8h. +	\$0.00					
9.	Add	d all other income. Add lines 8a + 8b + 8c + 8d + 8e	+ 8f + 8g + 8h.	9.	\$0.00					
10.	Calc Add	culate monthly income. Add line 7 + line 9. I the entries in line 10 for Debtor 1 and Debtor 2 or no	n-filing spouse.	10.	\$2,719.51]+[=	\$2,719.51
11.	Inclu frien	te all other regular contributions to the expenses to ude contributions from an unmarried partner, member ands or relatives. The include any amounts already included in lines 2-10.	rs of your househ	nold, yo	our dependents, yo					le J.
	Spe	cify:						11.	+_	\$0.00
12.	Add	I the amount in the last column of line 10 to the an	nount in line 11.	The re	esult is the combin	ed n	nonthly	12.		\$2,719.51
		ome. Write that amount on the Summary of Your Asso	ets and Liabilities	s and C	Certain Statistical I	nforn	nation,		C	ombined
	ıı il ê	applies.							_	nonthly income
13.	Doy	you expect an increase or decrease within the yea	ır after you file t	his for	m?					
		No. None.								
		Yes. Explain:								

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Fil	II in this inform	ation to identify	y your case:				
	Debtor 1	Michael	Fasa	l <u> </u>	heck if this	s is: ended filing	
	PEDIOI I	First Name	Middle Name Last N		A supp	lement showing	
1	ebtor 2 Spouse, if filing)	First Name	Middle Name Last N	ame		r 13 expenses a ng date:	s or the
U	Inited States Bankru	uptcy Court for the:	NORTHERN DISTRICT O	F ILLINOIS	MM / D	D / YYYY	_
_	Case number f known)				, 2	2,1111	
<u> </u>	icial Form 10	6 I					
		<u>oo</u> ur Expenses	.				12/15
name	ect information. If e and case numbe	more space is nee	. If two married people are finded, attach another sheet to ver every question.				
	Is this a joint case		1014				
2.	_ No	Debtor 2 must file	parate household? Official Form 106J-2, Expense	es for Separate Household	of Debtor	2.	
	Do not list Debtor 1 Debtor 2.	and	Yes. Fill out this information for each dependent	Dependent's relations Debtor 1 or Debtor 2	hip to	Dependent's age	Does dependent live with you?
	Do not state the de names.	pendents'					Yes No Yes No Yes No Yes No Yes No No No No No No
	Do your expenses expenses of peop yourself and your	le other than	✓ No ☐ Yes				Yes
Pa	art 2: Estima	te Your Ongoin	g Monthly Expenses				
Estir to re	mate your expense	es as of your bankr of a date after the l	uptcy filing date unless you coankruptcy is filed. If this is	_		•	
			government assistance if yo Schedule I: Your Income (Off			Your expens	ses
			nses for your residence. ny rent for the ground or lot.		4	4.	\$850.00
	If not included in I	ine 4:					
	4a. Real estate ta	xes			4	4a	
	4b. Property, hom	eowner's, or renter's	s insurance		4	4b	
	4c. Home mainter	nance, repair, and u	pkeep expenses		4	4c	
	4d Homeowner's	association or cond	lominium dues		_	4d.	

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Debto	r 1 Michael	Fasar	Case number	(if known)
	First Name	Middle Name Last Na		
				Your expenses
5. <i>A</i>	Additional mortgage p	payments for your residence, such as	home equity loans	5.
6. L	Jtilities:			
6	Sa. Electricity, heat, n	atural gas		6a. \$130.00
6	b. Water, sewer, garl	page collection		6b
6	6c. Telephone, cell ph cable services	none, Internet, satellite, and		6c. \$290.00
6	6d. Other. Specify: _			6d.
7. F	ood and housekeepi			7. \$375.00
8. (Childcare and childre	n's education costs		8.
9. (Clothing, laundry, and	dry cleaning		9. \$150.00
10. F	Personal care produc	ts and services		10. \$30.00
11. N	Medical and dental ex	penses		11. \$50.00
	Fransportation. Includate are. Do not include ca	de gas, maintenance, bus or train r payments.		12. \$275.00
	Entertainment, clubs, nagazines, and books	recreation, newspapers, s		13. \$35.00
14. (Charitable contributio	ns and religious donations		14.
	nsurance.			
		ce deducted from your pay or included i	n lines 4 or 20.	
	5a. Life insurance			15a
1	5b. Health insurance	9		15b
1	5c. Vehicle insurance	ee		15c. \$97.00
1	5d. Other insurance.	Specify:		15d
		e taxes deducted from your pay or incl		16.
17. l	nstallment or lease p	ayments:		
1	7a. Car payments fo	r Vehicle 1		17a
1	7b. Car payments fo	r Vehicle 2		17b
1	7c. Other. Specify:			17c
1	7d. Other. Specify:			17d
		nony, maintenance, and support that ay on line 5, Schedule I, Your Income	•	18.
		nake to support others who do not li	ve with you.	
9	Specify:			19.

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Deb	tor 1	Michael		Fasano	Case number	r (if knov	wn)	
		First Name	Middle Name	Last Name			,	
20.		er real property ex edule I: Your Incor		in lines 4 or 5 of this form of	ron			
	20a.	Mortgages on oth	ner property			20a.		
	20b.	Real estate taxes	S			20b.		
	20c.	Property, homeov	wner's, or renter's insu	ırance		20c.		
	20d.	Maintenance, rep	pair, and upkeep expe	nses		20d.		
	20e.	Homeowner's ass	sociation or condomin	ium dues		20e.		
21.	Othe	er. Specify:				21.	+	
22.	Calc	ulate your monthly	y expenses.					
	22a.	Add lines 4 throu	gh 21.			22a.		\$2,282.00
	22b.	Copy line 22 (mo	nthly expenses for De	ebtor 2), if any, from Official Fo	rm 106J-2.	22b.		
	22c.	Add line 22a and	22b. The result is yo	ur monthly expenses.		22c.		\$2,282.00
23.	Calc	ulate your monthl	y net income.					
	23a.	Copy line 12 (you	ur combined monthly in	ncome) from Schedule I.		23a.		\$2,719.51
	23b.	Copy your month	ly expenses from line	22c above.		23b.		\$2,282.00
	23c.		nthly expenses from y monthly net income.	our monthly income.		23c.		\$437.51
24.	Do y	ou expect an incre	ease or decrease in y	your expenses within the yea	ar after you file this form?			
				or your car loan within the year a modification to the terms of		gage		
		No. Yes. Explain here. None.	:					

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Fill in this inf	ormation to i	identify your case		
Debtor 1	Michael		Fasano	
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bar	nkruptcy Court fo	or the: NORTHERN D	ISTRICT OF ILLINO)IS
Case number				
(if known)				

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

P	art 1: Summarize Your Assets	
		Your assets Value of what you own
1.	Schedule A/B: Property (Official Form 106A/B)	
	1a. Copy line 55, Total real estate, from Schedule A/B	\$0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$7,150.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$7,150.00
P	art 2: Summarize Your Liabilities	
		Your liabilities Amount you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$12,018.36
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$10,237.53
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+\$28,974.93
	Your total liabilities	\$51,230.82
P	art 3: Summarize Your Income and Expenses	
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$2,719.51
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$2,282.00

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Debt	tor 1	Michael		Fasano	Case number (if known)	
		First Name	Middle Name	Last Name		
Pa	art 4:	Answer The	ese Questions fo	r Administrative a	and Statistical Records	
6.	Are yo	ou filing for bankr	uptcy under Chapter	rs 7, 11, or 13?		
	ш	lo. You have nothi es	ng to report on this pa	art of the form. Check	this box and submit this form to the court with yo	our other schedules.
7.	What I	kind of debt do yo	ou have?			
	ت ا	•	•		are those "incurred by an individual primarily for a 8-9g for statistical purposes. 28 U.S.C. § 159.	a personal,
	_		primarily consumer t with your other sche		ning to report on this part of the form. Check this	s box and submit
				Iy Income: Copy your to Line 11; OR, Form 12.	total current monthly income from 2C-1 Line 14.	\$3,287.24
9.	Сору	the following spe	cial categories of cla	aims from Part 4, line	6 of Schedule E/F:	
					Total claim	
	From	Part 4 on Schedu	le E/F, copy the folio	owing:		

\$0.00

9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)

- \$0.00 9d. Student loans. (Copy line 6f.)
- \$0.00 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)
- \$0.00 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)
- \$6,637.53 9g. Total. Add lines 9a through 9f.

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Fill in this inf	ormation to i	dentify your case	:	
Debtor 1	Michael		Fasano	
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Ba	nkruptcy Court fo	or the: NORTHERN D	ISTRICT OF ILLINOIS	
Case number				☐ Check if this is an
(if known)				amended filing
Official Form	106Doc			
Declaration	About an I	ndividuai Debi	or's Schedules	12/15
Sig	gn Below			
Did you pay	or agree to pay	someone who is NOT	an attorney to help you f	ill out bankruptcy forms?
⋈ No				
☐ Yes. N	ame of person			Attach Bankruptcy Petition Preparer's Notice,
	· –			Declaration, and Signature (Official Form 119).
Under penalt true and corr		eclare that I have read	the summary and sched	ules filed with this declaration and that they are
X /s/ Micha	iel Fasano		X	

Signature of Debtor 2

MM / DD / YYYY

Date

Michael Fasano, Debtor 1

Date <u>07/22/2016</u> MM / DD / YYYY

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Fill in this ir	nformation to	identify your case	:		
Debtor 1	Michael		Fasano		
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse, if filing	g) First Name	Middle Name	Last Name		
United States E	Bankruptcy Court fo	or the: NORTHERN D	ISTRICT OF ILLINO	IS	
Case number					
(if known)				Check if this is an amended filing	
Official Forr	m 107				
		l Affaira far Ind	lividuala Eilina	for Bankruptcy	04/
Otatement	or i mancia	i Allali 3 ioi illa	iiviaaais i iiiiig	101 Bankruptoy	
Part 1: G	ive Details Ab	out Your Marital S	Status and Where	fou Lived Before	
 What is you Married Not mar 		status?			
2. During the	last 3 vears, have	vou lived anywhere o	other than where you	ive now?	
✓ No	y ,	, ,			
	st all of the places	you lived in the last 3 y	ears. Do not include w	nere you live now.	
	property states ar	•	• .	nt in a community property state or territory? Louisiana, Nevada, New Mexico, Puerto Rico, Texas,	
	, and wisconsin.)		,	Louisiana, Nevada, New Mexico, Puerto Rico, Texas,	
☑ No	,		odebtors (Official Form		

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Debto	Debtor 1 Michael First Name Middle Name		Fasano Name Last Name			
Par	t 2: Expla	in the Sources	of Your Income			
F	ill in the total an	nount of income you	ployment or from operating a received from all jobs and all because income that you receive to	businesses, including par	t-time activities.	endar years?
	☐ No ☑ Yes. Fill in th	ne details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions	Sources of income Check all that apply.	Gross income (before deductions and exclusions
	January 1 of thate you filed for	e current year until bankruptcy:	Wages, commission bonuses, tips ☐ Operating a busines	<u> </u>	☐ Wages, commissions, bonuses, tips☐ Operating a business	
	e last calendar		✓ Wages, commission bonuses, tips✓ Operating a busines			
	e calendar yea ary 1 to Decemb		✓ Wages, commission bonuses, tips✓ Operating a busines			_
Ir u a	nclude income re nemployment; a	egardless of whether and other public bene	during this year or the two properties of th	iples of other income are income; interest; dividen	ds; money collected from lav	vsuits; royalties;
5	ist each source No Yes. Fill in the	-	ne from each source separately	y. Do not include income	that you listed in line 4.	

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Deb	otor 1	Michael		Fasano	Case number (if known)
		First Name	Middle Name	Last Name	
P	art 3:	List Ce	rtain Payments You	Made Before You	Filed for Bankruptcy
6.	Are eith	ner Debtor	1's or Debtor 2's debts p	imarily consumer debt	s?
	□ No.		Debtor 1 nor Debtor 2 ha d by an individual primarily	•	lebts. Consumer debts are defined in 11 U.S.C. § 101(8) as r household purpose."
		During t	he 90 days before you filed	l for bankruptcy, did you	pay any creditor a total of \$6,425* or more?
		□ No.	Go to line 7.		
		☐ Yes.	total amount you paid tha	t creditor. Do not include	of \$6,425* or more in one or more payments and the e payments for domestic support obligations, such as ayments to an attorney for this bankruptcy case.
		* Subjec	et to adjustment on 4/01/19	and every 3 years after	that for cases filed on or after the date of adjustment.
	✓ Yes	. Debtor	1 or Debtor 2 or both hav	e primarily consumer o	lebts.
		During t	he 90 days before you filed	l for bankruptcy, did you	pay any creditor a total of \$600 or more?
		☑ No.	Go to line 7.		
		☐ Yes.		ayments for domestic so	of \$600 or more and the total amount you paid that upport obligations, such as child support and alimony. his bankruptcy case.
7.	Insiders corpora agent, in	include yo tions of whi ncluding on	ur relatives; any general pa ch you are an officer, direc	artners; relatives of any otor, person in control, or	ment on a debt you owed anyone who was an insider? general partners; partnerships of which you are a general partner; owner of 20% or more of their voting securities; and any managing 11 U.S.C. § 101. Include payments for domestic support obligations
	✓ No ☐ Yes	. List all pa	ayments to an insider.		
8.		1 year befo ed an insid	•	cy, did you make any p	ayments or transfer any property on account of a debt that
			on debts guaranteed or cos	igned by an insider.	
	☑ No □ Yes	. List all pa	ayments that benefited an i	nsider.	
		l			
P	art 4:	Identify	/ Legal Actions, Rep	ossessions, and F	preclosures
9.	List all s	such matter			any lawsuit, court action, or administrative proceeding? ions, divorces, collection suits, paternity actions, support or custody
	✓ No ☐ Yes	. Fill in the	details.		

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Deb	otor 1	Michael First Name	Middle Name	Fasano Last Name	Case number (if k	nown)	
10.	seized,		ı filed for bankrup	otcy, was any of your prop	erty repossessed, foreclosed	d, garnished, attach	ed,
	_	. Go to line 11. s. Fill in the inform	nation below.				
11.				uptcy, did any creditor, inc make a payment because	luding a bank or financial in you owed a debt?	stitution, set off any	,
	✓ No ☐ Yes	s. Fill in the details	S.				
12.				otcy, was any of your prop ustodian, or another officia	erty in the possession of an al?	assignee for the be	nefit of
	✓ No ☐ Yes	S					
Р	art 5:	List Certain	Gifts and Con	tributions			
13.	Within	2 years before yo	u filed for bankru	ıptcy, did you give any gift	s with a total value of more t	han \$600 per perso	n?
	✓ No ☐ Yes	s. Fill in the details	s for each gift.				
14.		2 years before yo charity?	ou filed for bankru	ptcy, did you give any gift	s or contributions with a tota	al value of more tha	n \$600
	✓ No ☐ Yes	s. Fill in the details	s for each gift or co	ontribution.			
P	art 6:	List Certain	Losses				
15.		1 year before you lisaster, or gambl	-	otcy or since you filed for b	oankruptcy, did you lose any	thing because of the	eft, fire,
	✓ No ☐ Yes	s. Fill in the details	S.				
P	art 7:	List Certain	Payments or	Transfers			
16.	anyone	you consulted a	bout seeking ban	kruptcy or preparing a bar			-
		any attorneys, bar	nkruptcy petition p	reparers, or credit counselin	g agencies for services require	ed for your bankrupto	y.
	☐ No ☑ Yes	s. Fill in the details	S.			_	
	debtor			Description and value of Credit Counseling	any property transferred	Date payment or transfer was made	Amount of payment
Num	nber Str	reet				July 22, 2016	\$15.00
City		State	e ZIP Code				
Ema	ail or websi	te address					
Doro	.a. \A/b.a. N	Made the Payment if N	let Veu				

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Debt	or 1 Michael First Name		Middle Name	Fasano Last Name	Case number (if k	nown)	
Rob	ert J. Adams		Middle Name	Description and value of an Down payment for Chap		Date payment or transfer was	Amount of payment
	on Who Was Paid			, .		made	
901 Numb	W. Jackson per Street			-		July 22, 2016	\$400.00
				-			-
Chic	cago	IL State	60607 ZIP Code	-			
Email	or website address			-			
Perso	on Who Made the Pay	ment, if Not	You	-			
	anyone who pro	nised to h	nelp you deal w	otcy, did you or anyone else a vith your creditors or to make			perty to
	No Yes. Fill in th		or transfer that	you listed on line 16.			
	Within 2 years be	efore you		uptcy, did you sell, trade, or c se of your business or financ		perty to anyone, otl	ner than
		•		s made as security (such as gra nave already listed on this state	•	or mortgage on your	property).
	✓ No ☐ Yes. Fill in th	e details.					
	-	-		ruptcy, did you transfer any μ called asset-protection device		ust or similar devic	e of which
	✓ No Yes. Fill in th	e details.					
Pa	rt 8: List C	ertain F	inancial Acc	ounts, Instruments, Saf	e Deposit Boxes, and	l Storage Units	
20.	Within 1 year bef benefit, closed, s	-	-	ptcy, were any financial acco ed?	unts or instruments held i	n your name, or for	your
	•	-	•	or other financial accounts; cert ciations, and other financial ins	·	n banks, credit union	s, brokerage
	✓ No ☐ Yes. Fill in th	e details.					
21.	Do you now have for securities, ca			1 year before you filed for ba	ankruptcy, any safe depos	it box or other depo	ository
	✓ No ☐ Yes. Fill in th	e details.					

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Deb	tor 1	Michael		Fasano	Case number (if known)	
		First Name	Middle Name	Last Name		
22.	Have yo	ou stored property	n a storage unit or	place other than your hor	me within 1 year before you filed for bankruptcy?	
	_	. Fill in the details.				
Pa	art 9:	Identify Prope	rty You Hold or	Control for Someone	e Else	
23.	•	hold or control any in trust for someor		eone else owns? Include	e any property you borrowed from, are storing for,	
	✓ No ☐ Yes	. Fill in the details.				
Pa	art 10:	Give Details A	bout Environme	ental Information		
or	the purp	oose of Part 10, the	following definition	s apply:		
ŀ	nazardou	ıs or toxic substand	ce, wastes, or mater	rial into the air, land, soil,	on concerning pollution, contamination, releases of surface water, groundwater, or other medium, ances, wastes, or material.	
		•		defined under any enviro cluding disposal sites.	onmental law, whether you now own, operate, or	
				nmental law defines as a h aminant, or similar item.	hazardous waste, hazardous substance, toxic	
₹ер	ort all n	otices, releases, an	d proceedings that	you know about, regardle	ess of when they occurred.	
24.	Has any law?	y governmental uni	t notified you that yo	ou may be liable or poten	ntially liable under or in violation of an environmental	
	✓ No ☐ Yes	s. Fill in the details.				
25.	☑ No	ou notified any gove	ernmental unit of an	ny release of hazardous m	naterial?	
26.	Have you	ou been a party in a	ny judicial or admir	nistrative proceeding und	der any environmental law? Include settlements and	
	✓ No ☐ Yes	s. Fill in the details.				

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Deb	otor 1	Michael		Fasano	Case number (if known)			
		First Name	Middle Name	Last Name				
P	art 11:	Give Detail	ls About Your Busin	ess or Connect	tions to Any Business			
27.	Within 4	nin 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any iness?						
		A member of a A partner in a p An officer, dire	limited liability company (LLC) or limited liabi				
			ove applies. Go to Part 12 apply above and fill in the		ach business.			
28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.								
	□ No □ Yes	. Fill in the deta	ils below.					
Р	art 12:	Sign Belov	v					
that pro or b	answers perty by poth. 18	s are true and c	correct. I understand tha	t making a false st ase can result in f	attachments, and I declare under penalty of perjury atement, concealing property, or obtaining money or ines up to \$250,000, or imprisonment for up to 20 years,			
-		asano, Debtor 1		X Signature of D	ebtor 2			
		07/22/2016		Date				
Did	you atta	ch additional pa	ages to Your Statement of	of Financial Affairs	for Individuals Filing for Bankruptcy (Official Form 107)?			
	No Yes							
Did	you pay	or agree to pay	someone who is not an	attorney to help y	ou fill out bankruptcy forms?			
☑		me of person			Attach the Bankruptcy Petition Preparer's Notice,			
					Declaration, and Signature (Official Form 119).			

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B2030 (Form 2030) (12/15)

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION (CHICAGO)

ln	re Michael Fasano	Case No.					
		Chapter	13				
	DISCLOSURE OF COMPENSATION OF ATTORN	EY FOR	DEBTOR				
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the at that compensation paid to me within one year before the filing of the petition in bank services rendered or to be rendered on behalf of the debtor(s) in contemplation of c is as follows:	agreed to be paid to me, for					
	For legal services, I have agreed to accept	\$4	1,000.00				
	Prior to the filing of this statement I have received		\$400.00				
	Balance Due	\$3	3,600.00				
2.	The source of the compensation paid to me was: ☐ Debtor ☐ Other (specify)						
3.	The source of compensation to be paid to me is:						
	☑ Debtor ☐ Other (specify)						
4.	I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.						
	☐ I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.						
5.	n return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:						
	a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in pankruptcy;						
	b. Preparation and filing of any petition, schedules, statements of affairs and plan v	vhich may b	pe required;				
	c. Representation of the debtor at the meeting of creditors and confirmation hearing	g, and any	adjourned hearings thereof;				

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B2030 (Form	2030)	(12/15)

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

> /s/ Robert J. Adams & Associates 07/22/2016

Date

Robert J. Adams & Associates Robert J. Adams & Associates 901 W. Jackson St., Suite 1810 Chicago, IL 60607

Bar No. 0013056

Phone: (312) 346-0100 / Fax: (312) 346-6228